

CITY OF DANBURY 155 DEER HILL AVENUE DANBURY, CONNECTICUT 06810 (203) 797-4525

## PETITION FOR SPECIAL PERMIT Zoning Commission

Date:	
Name, Address & Phone No. of Applicant :	
(if applicant is a trustee, also list beneficiaries):	
Name, Address & Phone No. of Property Owner:	
Name, Address & Phone No. of Agent :	
(if applicable)	
Name & Address of Business :	
<b>Special Permit Use Requested:</b>	
<b>Section of Zoning Regulations Authorizing Special</b>	Permit Use Requested:
Zone in which Subject Property lies:	Tax Assessor's Lot No.:
Submit the following:	
required per Sec. 22a-27j(a) of C.G.S.);  2) Fifteen copies of Petition;  3) Fifteen copies of Legal Description of subject propert  4) Fifteen copies of Vicinity Sketch of subject propert  5) A List of Names and Correct Mailing Addresses of from the subject property, to be compiled from the  6) Plain business-sized envelopes addressed to all of the  7) An Affidavit stating when and by whom the Tax property owners is complete. Please note that acc Tax Assessor's records must be examined within 2  8) If requesting a grocery beer, a beer and wine, or a lift all opens of the lease stating the square footage, or	y; of all property owners within, adjacent to, or across the street Tax Assessor's records; ne above-referenced property owners; Assessor's records were examined and stating that the list of ording to Section 10.I.4.b.(1) of the Zoning Regulations, the of days of the date this petition is submitted. iquor permit, also submit the following:
	Signature of Applicant or Agent

Date